

FILED JAN 16 1948

318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County..... **St. Louis**

(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... **Street - 1100 Black Lee Ave.**
(If not in hospital or institution, write street number or location)

(d) Length of stay in hospital or institution..... **3**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis**

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

Street No. **4248 Red Bud Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **Harry H. Meyer**

3. (b) If veteran, name war..... **None**

3. (c) Social Security No.

4. Sex..... **Male**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Single**

6. (b) Name of husband or wife..... **none**

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **July 5, 1882**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **December** day..... **23**
year..... **1947** hour..... **8** minute..... **30** A. M.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary occlusion

8. AGE:

Years	Months	Days	Less than one day
65	5	18 hr. min.

Due to.....
Coronary sclerosis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
.....
Underline the cause of which death should be charged statistically.

9. Birthplace..... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **retired caretaker**

11. Industry or business..... **Masonic Home**

12. Name..... **Henry H. Meyer**

13. Birthplace..... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Mathilda Graewe**

15. Birthplace..... **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Carl H. Nieberg**
(b) Address..... **1610 Grape Ave**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **12-24-47**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **New Bethlehem Cem.**

18. (a) Signature of funeral director..... **Math. Hermann & Son**
(b) Address..... **2161 E. Fair Ave.**

19. (a) **DEC 23 1947** (Date received local registrar) (b) **J. F. Bredek** (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work?..... Means of injury..... **3**

23. Signature..... **Dr. E. J. Smith** (M. D. or other)
Address.....
Date signed..... **12/23/47**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Gustav W. Dietrich

Licensed Embalmer No.....

4329

P. O. Address.....

St. Louis Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.